

STATE OF ARKANSAS  
DEPARTMENT OF FINANCE & ADMINISTRATION  
REVENUE DIVISION

**SALES TAX EXEMPTION ON ELECTRICITY CLAIM FORM**

This exemption is only for customers whose household income does NOT exceed \$12,000 per year.

CUSTOMER NAME	SSN	TOTAL YEARLY INCOME
_____	____-____-____	_____

SPOUSE'S NAME	SSN	TOTAL YEARLY INCOME
_____	____-____-____	_____

TOTAL HOUSEHOLD INCOME \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE STATED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I WILL NOTIFY THE ELECTRIC COMPANY BY MARCH 1<sup>ST</sup> IF MY HOUSEHOLD INCOME EXCEEDED \$12,000 FOR THE PREVIOUS YEAR.

ACCOUNT NO. \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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**NOTIFICATION TO ELECTRIC COMPANY**

\_\_\_\_\_ I RECEIVED THIS SALES TAX EXEMPTION LAST YEAR BUT MY HOUSEHOLD INCOME IS NOW OVER \$12,000 AND I AM NO LONGER QUALIFIED FOR THE EXEMPTION.

ACCOUNT NO. \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_